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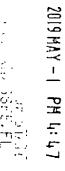
(Re	questor's Name)	
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C. GOLDEN May 1 3 **2019** 

#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

, Universal Kidney Care, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the tollowing:

Richard L. Brooks, Esq.

ame of Person

St. Augustine Law Group, PA

irm/Company

320 High Tide Dr., STE 101

Address

St. Augustine, FL 32080

City/State and Zip Code

rich@staugustinelawgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

### Richard Brooks

Name of Person

904,990-7777

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy additional copy is enclosed) ☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

#### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

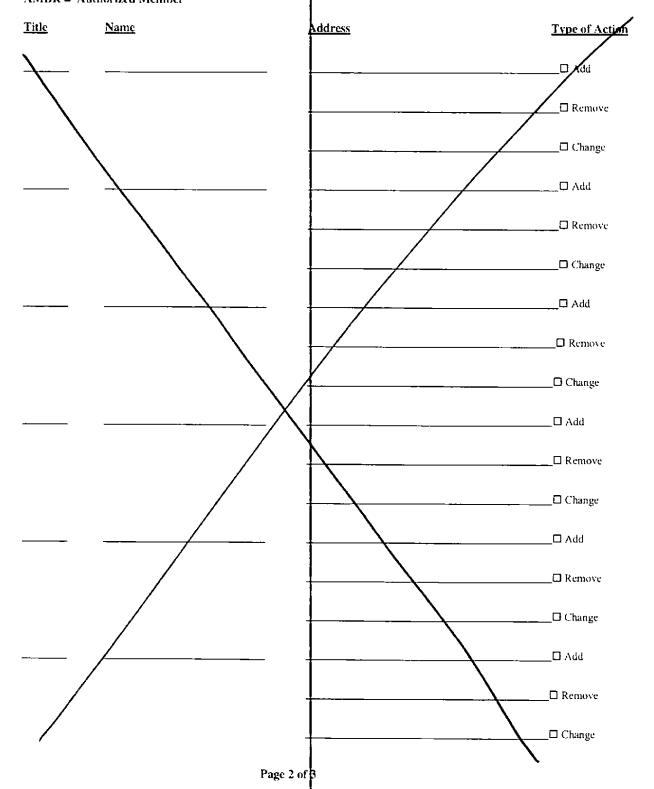
FILED 2019 HAY - 1 PH 4: 47

Universal Kidney Care, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 04/29/2014 and assigned Florida document number L14000069233 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter lorida sireei address Florida New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change. Changing Registered Agent, Signature of New Registered Agent

Hage 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member



D. If amending any other information, enter change(s)	· · ·	
The following article has been a	dded to the Articles of Organization.	
Article VI - Nature of Busin		
	usiness to be transacted by this	
professional limited liability	company is the rendering of	
medical and related service	es to the public.	
E. Effective date, if other than the date of filing: Apr (If an effective date is listed, the date must be specific and cannot be Note: If the date inserted in this block does not meet the ar	1 26th, 2019  rior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) plicable statutory filing requirements, this date will not be listed as the	
document's effective date on the Department of State's reco	rds.	
If the record specifies a delayed effective date, but (b) The 90th day after the record is filed.	not an effective time, at 12:01 a.m. on the earlier of:	
Dated April 26th 201	9	
Signature of a member or	Attorney in Fact	
Attorney in Fact Typed or p	Inted name of signee	
n		

Page 3 of 3

Filing Fee: \$25.00